

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/561084

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		0		/		
5		0		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19	/		/			
20	/		/			
21		2		/		
22	/		/			
23		0		/		
24		0		/		
25		0		/		
26		0		/		
27		0		/		
28		0		/		
29		0		/		
30		0		/		
31		0		/		
32		0		/		
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36		0		/		
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42		0		/		
43		0		/		
44		0		/		
45		0		/		
46		0		/		
47	/		/			
48		0		/		
49		0		/		
50		0		/		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0		/		
52		0		/		
53		0		/		
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98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	6	←		←	
TOTAL CLAIMS		48				
		54				